09/20/2006 15:20

Image# 26930399067

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For O	tner I nan An	Authorize	ea Commi	ttee		Office Use	Only	
1.	NAME OF COMMITTEE (in full)		EC MAILING LAE		ample:If typi er the lines	ng, type		· · · · · ·]	
	Americas Health Insurance P	lans PA	C (AHIP PAC)							
Ш					1 1 1 1					
AD	DRESS (number and street)	601	Pennsylvania Ave	nue; NW	1 1 1		1 1 1 1	1 1 1 1	1 1 1	1
•	,	Suite	te 500 South Buildi	ng						
	Check if different than previously reported. (ACC)	Was	shington				DC	200	004 -	
2.	FEC IDENTIFICATION NUM	IBER	_	CITY 🛕			STATE	Z	IPCODE	A
	C00106740		;	3. IS THIS REPORT	г	NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q July 15 Quarterly Report(Q October 15	1)	Monthly Report Due On: (c) 12-Day PRE-Election Report for the		3)		X S	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) ral (12G)	De (No Ye:	ov 20 (M11) on-Election ar Only) ec 20 (M12) on-Election ar Only) n 31 (YE)
	Quarterly Report(Q January 31 Quarterly Report(YI		E	Election on					n the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER)		(d) 30-Day Post -Electi Report for the		General (3	0G)	Runof		Sp n the State of	pecial (30S)
5.	Covering Period 0.8		01 200	6	through	0.8	3 1	2006		
	ertify that I have examined this Fore or Print Name of Treasurer	Ro	obert Borchardt		and belief it	is true, correct	and comple	te.		
Sig	nature of Treasurer Electron	nically F	iled by Robert E	Borchardt			Date 0	9 20	20	06
NO	TE : Submission of false, error	neous, o	or incomplete inform	nation may s	ubject the pe	rson signing thi	is Report to	the penalties of	f 2 U.S.C	437g.
	Office Use								FORM (3X

Image# 26930399068

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS
Page 2

Repo	ort Covering the Period: From:	01 2006	To: 0 8 3 1 2 0 0 6
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a)	Cash on Hand January 1		119244.78
(b)	Cash on Hand at Begining of Reporting Period	209816.07	
(c)	Total Receipts (from Line 19)	14097.39	257352.46
(d)	Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	223913.46	376597.24
То	tal Disbursements (from Line 31)	24300.05	176983.83
Ca	sh on Hand at Close of		
	porting Period ubtract Line 7 from Line 6(d))	199613.41	199613.41
De	bts and Obligations owed TO		
	e committee (Itemize all on hedule C and/or Schedule D)	0.00	
). De	bts and Obligations owed BY		
	e committee (Itemize all on hedule C and/or Schedule D)	0.00	
X	This Committee has qualified as a multicandidate	committee. (see FEC FORM 1M)	

-ederal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

м м 0 8

| "

01

2006

To:

8 M

^D 3 1

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	10524.40	146639.01
	(ii) Unitemized	1072.99	11213.45
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	11597.39	157852.46
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	2500.00	87000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14097.39	244852.46
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
0.	to Federal candidates and Other Political Committees	0.00	12500.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14097.39	257352.46
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	14097.39	257352.46

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	1110.05	1645.25
	(c) Total Operating Expenditures		
_	(add 21(a)(i), (a)(ii) and (b))	1110.05	1645.25
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	7000.00	156323.58
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	(use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	16190.00	19015.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.0
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
4	Total Disbursements (add Lines 21(c), 22,		
١.	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24300.05	176983.8
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	24300.05	176983.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	14097.39	244852.46
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	14097.39	244852.46
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1110.05	1645.25
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1110.05	1645.25

SCHEDULE A (FEC Form 3X)

PAGE 6/50 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Date of Receipt Larry Akey Mailing Address 601 Pennsylvania Ave NW 08 2006 15 South Bldg; Ste 500 Zip Code City State Transaction ID: 20060818-1 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer America's Health Insurance Occupation Sr. Director Publications & Strategic **Plans** Aggregate Year-to-Date ▼ Receipt For: Primary General 625.05 Other (specify) Full Name (Last, First, Middle Initial) B. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Ave NW 8 0 15 2006 South Bldg; Ste 500 City State Zip Code Transaction ID: 20060818-5 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing C 208.33 federal political committee. Name of Employer America's Health Insurance Occupation **Executive Vice President** <u>Plans</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 2166.66 Other (specify) Full Name (Last, First, Middle Initial) C. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Ave NW 0.8 3 1 2006 South Bldg: Ste 500 Citv State Zip Code Transaction ID: 20060827-4 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 208.33 C federal political committee. Name of Employer America's Health Insurance Occupation **Executive Vice President** <u>Plans</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 2166.66 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 7/50 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 17 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC)	
۹.	Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N' South Bldg; Ste 500	W		08 15 2006
	City	State	Zip Code	Transaction ID: 20060818-6
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer America's Health Insurance	Occupation Senior Vid	n ce President Finance & Ope	rat
	Plans Receipt For:		Year-to-Date ▼	7
	Primary General		400.00	
	Other (specify) ▼	0 0	+00.00	
3.	Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N' South Bldg; Ste 500	W		08 31 2006
	City City	State	Zip Code	Transaction ID: 20060827-5
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer America's Health Insurance	Occupation		1
	Plans Receipt For:		ce President Finance & Ope Year-to-Date ▼	
	Primary General	riggregate		
	Other (specify) ▼		400.00	
).	Full Name (Last, First, Middle Initial) Mary Brainerd			Date of Receipt
	Mailing Address 8100 34th Ave S PO Box 1309; MS 21110	A		0 8 0 1 2 0 0 6
	City	State	Zip Code	Transaction ID: 9708320608016280350
	Bloomington	MN	55425-1672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer HealthPartners; Inc.	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2000.00	
-	UBTOTAL of Receipts This Page (optional)			2050.00
	ODITAL OF HOSSIPES THIS Lage (optional)			

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 50 (check only one)				
ITEMIZED RECEIPTS	or each category of the					
TEMPLES HEGEN 10	Detailed Summary Page	X 11a 11b 11c 12				
Anninformation assisted from such Danada and Otatana	ate was a set by a selet our conseller and a second	13 14 15 16 17				
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name	and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	• •					
Americas Health Insurance Plans PAC (AHI	P PAC)					
Full Name (Last, First, Middle Initial)						
Francie Burkhart		Date of Receipt				
Mailing Address 601 Pennsylvania Ave NW		0 8 1 5 2 0 0 6				
South Bldg; Ste 500 City S	tate Zip Code					
•	OC 20004-2601	Transaction ID: 20060818-7				
	20004-2001	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		83.33				
rederal political committee.						
Amorica's Hoolfh Incurance	cupation	7				
<u>Plans</u> Dir	ector Political Affairs					
	gregate Year-to-Date ▼					
Primary General	1333.28					
Other (specify)						
Full Name (Last, First, Middle Initial)		+				
3. Francie Burkhart		Date of Receipt				
Mailing Address 601 Pennsylvania Ave NW	M M / D D / Y Y Y Y					
South Bldg; Ste 500	08 31 2006					
,	tate Zip Code	Transaction ID: 20060827-6				
Washington D	OC 20004-2601	Amount of Each Receipt this Period				
FEC ID number of contributing		83.33				
federal political committee.						
Name of Employer America's Health Insurance	cupation	7				
Plans Dir	ector Political Affairs					
	gregate Year-to-Date ▼					
Primary General	1333.28					
Other (specify)	1000.20					
Full Name (Last, First, Middle Initial)		+				
C. Winthrop Cashdollar		Date of Receipt				
Mailing Address 601 Pennsylvania Ave NW		M M / D D / Y Y Y Y				
South Bldg; Ste 500		08 15 2006				
	tate Zip Code	Transaction ID: 20060818-10				
Washington D	OC 20004-2601	Amount of Each Receipt this Period				
FEC ID number of contributing		62.50				
federal political committee.						
Name of Employer Oc	cupation	7				
1 10115	ecutive Director Product Policy					
	gregate Year-to-Date ▼					
Primary General	1000.00					
Other (specify)	1000.00					
CLIPTOTAL of Donainte This Dogs (autisms)	_	229.16				
SUBTOTAL of Receipts This Page (optional)	······					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	;)	
A.	Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania Ave Nouth Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State DC C Occupation Executive	Zip Code 20004-2601 n e Director Product Policy e Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Yvonne Chanatry Mailing Address 1276 N Wayne St #1223 City Arlington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Zip Code 22201-5848 n e Director of Marketing e Year-to-Date 1000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 1276 N Wayne St #1223 City Arlington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	1	Zip Code 22201-5848 n e Director of Marketing e Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional))	187.50
т	OTAL This Period (last page this line number o	nlv)	.	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10/50
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X 11a
۸r	y information copied from such Reports and Stateme	onte may	not be sold or used by any perso	
or	for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (AHI	IP PAC)		
	Full Name (Last, First, Middle Initial) Kathleen Cooney			Date of Receipt
٦.	Mailing Address 7833 W. 96th Street			M M / D D / Y Y Y Y
				08 01 2006
	•	State	Zip Code	Transaction ID: 7120370608016364065
		MN	55438	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	HealthPartnére: Inc	ccupation	nief Admin Officer	
	Receipt For: Ag	ggregate	Year-to-Date ▼	
	Primary General	1 1	1000.00	
	Other (specify)	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Ann Curry			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500			08 15 YYYYY 2006
	,	State	Zip Code	Transaction ID: 20060818-12
	Washington D	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			41.67
	America's Health Insurance	ccupation		
	Plans	· ·	rector Product Policy	_
	Receipt For: Ag	ggregale	Year-to-Date ▼	
	Other (specify) ▼	0 0	666.72	
).	Full Name (Last, First, Middle Initial) Ann Curry			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW			M M / D D / Y Y Y Y
	South Bldg; Ste 500	Ctoto.	Zip Code	08 31 2006
	•	State DC	20004-2601	Transaction ID: 20060827-11 Amount of Each Receipt this Period
	FEC ID remarks of a carbolloution	1	200012001	
	federal political committee.			41.67
	America's Health Insurance	ccupation		
	Plans		rector Product Policy Year-to-Date ▼	
	Receipt For: Ag	ggregale	Teal-10-Date ▼	
	Other (specify) ▼	0 0	666.72	
_ s	UBTOTAL of Receipts This Page (optional)			1083.34
_				
т	OTAL This Period (last page this line number only)		•	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11/50
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12
Δ				13
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	r not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	Americas Health Insurance Plans PAC (AHIP PAC	;) 	-
A.	Full Name (Last, First, Middle Initial) Gregory Daphnis			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IW		08 15 2006
	City	State	Zip Code	Transaction ID: 20060818-13
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupation Program	n Manager; VSD	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	333.28	
	Other (specify)	0 0	000.20	
В.	Full Name (Last, First, Middle Initial) Gregory Daphnis			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	08 31 7 2006		
	City	State	Zip Code	Transaction ID: 20060827-12
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance	Occupation	n Manager; VSD	
	Plans Receipt For:		Year-to-Date ▼	
	Primary General		000.00	
	Other (specify) ▼		333.28	
_	Full Name (Last, First, Middle Initial)			Data of Danaira
C.		1\A/		Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IVV		08 15 2006
	City	State	Zip Code	Transaction ID: 20060818-14
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance	Occupation	n e Director of AHIP Learning 8	
	Plans Receipt For:	1	e Year-to-Date V	<u>^</u>
	Primary General	99. 09410		
	Other (specify) ▼	0 0	1000.00	
				104.16
S	UBTOTAL of Receipts This Page (optional)		·····	104.10

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 12/5		
	•		Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Summary Fage	13 14 15 16 17	
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions	
or	for commercial purposes, other than using the i	name and ado	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
$ \rangle$	Americas Health Insurance Plans PAC	(AHIP PAC	5)		
\angle					
	Full Name (Last, First, Middle Initial)			Data of Bassist	
A.				Date of Receipt	
	Mailing Address 601 Pennsylvania Ave I South Bldg; Ste 500	VVV		08 31 2006	
	City	State	Zip Code	Transaction ID: 20060827-13	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	•		2000+ 2001	Amount of Each receipt this renou	
	FEC ID number of contributing federal political committee.	C		62.50	
	- Todoral political committee.				
	Name of Employer America's Health Insurance	Occupation			
	Plans		e Director of AHIP Learning 8	<u>x</u>	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		1000.00		
	Other (specify)				
	Full Name (Last First Middle Initial)				
В.	Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave I	JW		M M / D D / Y Y Y Y	
	South Bldg; Ste 500	***		08 15 2006	
	City	State	Zip Code	Transaction ID: 20060818-15	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing			92.22	
	federal political committee.	C		83.33	
	Name of Employer	Occupation	2	-	
	America's Health Insurance		ral Affairs		
	Plans Receipt For:	<u> </u>	Year-to-Date ▼	\dashv	
	Primary General	riggrogate	Total to Bate V		
	Other (specify) ▼		833.36		
				'	
_	Full Name (Last, First, Middle Initial)				
C.	Jill Dowell			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave I	٧W		08 31 Y Y Y Y Y Y	
	South Bldg; Ste 500	Ctata	7in Codo		
	City Washington	State DC	Zip Code	Transaction ID: 20060827-14	
		DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.33	
	rederal political committee.	-			
	Name of Employer America's Health Insurance	Occupation			
	Plans	-	ral Affairs		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		833.36		
	Other (specify)		000.00		
_					
١.				229.16	
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>		
1					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/5	50
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12	— 47
۸۰	y information copied from such Reports and Sta	stomonto mos	, not be cold or used by any person		17
or	for commercial purposes, other than using the r	name and add	dress of any political committee to s	solicit contributions from such committee.	S
	NAME OF COMMITTEE (In Full)				
$ \rangle$	Americas Health Insurance Plans PAC	(AHIP PAC	5)		
			,		
	Full Name (Last, First, Middle Initial)				
Α.	Jeffrey Gabardi			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	NVV		08 15 200	
	City	State	Zip Code	Transaction ID: 20060818-17	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		125.0	00
	Name of Employee	10		_	
	Name of Employer America's Health Insurance	Occupation	ce President; State Affairs		
	Plans Receipt For:		Year-to-Date V	_	
	Primary General	riggrogato	rear to Bate V		
	Other (specify) ▼		2000.00		
	Full Name (Last, First, Middle Initial)				
В.	Jeffrey Gabardi			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	08 31 200			
	City	State	Zip Code	Transaction ID: 20060827-16	0
	Washington	DC	20004-2601	Amount of Each Receipt this Period	<u> </u>
	•		20004 2001	Amount of Each Receipt this Period	•
	FEC ID number of contributing federal political committee.	C		125.0	00
	·				
	Name of Employer America's Health Insurance	Occupation			
	Plans Receipt For:		ce President; State Affairs • Year-to-Date ▼	_	
	Primary General	Aggregate	: Teal-to-Date V		
	Other (specify)		2000.00		
_	Full Name (Last, First, Middle Initial)				
C.	Joni Hong			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	1W		08 15 200	
	City	State	Zip Code	Transaction ID: 20060818-19	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing				-
	federal political committee.	C		20.8	33
	Name of Employer	Occupation	2	_	
	America's Health Insurance		ssociate Counsel; Special Pro	ni.	
	Plans Receipt For:		Year-to-Date ▼		
	Primary General	199.195			
	Other (specify) ▼	l	333.28		
					20
s	UBTOTAL of Receipts This Page (optional)		·····	270.8	33
			` _		
T	OTAL This Period (last page this line number o				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/50
ITEMIZED RECEIPTS		or each category of the		(check only one)
TI EIMIZED TIEGEN TO			Detailed Summary Page	X 11a 11b 11c 12
Δ	winformation and them and December and Cha			13
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC	5)	
Α.	Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	1W		08 31 2006
	City	State	Zip Code	Transaction ID: 20060827-18
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance	Occupation	า	
	America's Healfh Insurance Plans	Senior As	ssociate Counsel; Special Pro	oj
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		333.28	
	Other (specify)		333.20	
В.	Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y
	South Bldg; Ste 500			08 15 2006
	City	State	Zip Code	Transaction ID: 20060818-21
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance	Occupation	1	
	Plans	Executive	e Director State Policy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1083.32	
	Other (specify)		1000.02	
<u> </u>	Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	1W		0 8 3 1 2 0 0 6
	City	State	Zip Code	Transaction ID: 20060827-20
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer	Occupation	า	
	America's Health Insurance Plans	1	e Director State Policy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1083.32	
	Other (specify)		1000.02	
_	UBTOTAL of Receipts This Page (optional)			187.49
\vdash	ODITIAL OF NECERPLS THIS Page (OPTIONAL)		••••••••••••••••••••••••••••••••••••••	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 50
TEMIZED RECEIPTS		or each category of the	(check only one)
II LIMIZED ALCEIP 13		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PAC	C (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) A. George Isham			Date of Receipt
Mailing Address 1108 Hollybrook Drive	ı		08 01 2006
City	State	Zip Code	Transaction ID: 5686860608016322082
Wayzata	MN	55391	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer HealthPartners; Inc.	Occupation Medical [n Director and Chief Health Off	_ i
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	1 1	1000.00	
Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) 3. Scott Keefer			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg; Ste 500	0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 20060818-23
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer America's Health Insurance	Occupation	n	7
America's Hèalfh Insurance Plans	Director of	of Policy Development	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		100.00	
Other (specify)	0 0	480.00	
Full Name (Last, First, Middle Initial) C. Scott Keefer			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg; Ste 500	NW		08 / 31 / 2006
City	State	Zip Code	Transaction ID: 20060827-22
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer	Occupation	n	7
America's Health Insurance <u>Plans</u>	Director	of Policy Development	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	1	490.00	
Other (specify) ▼		480.00	
SUBTOTAL of Receipts This Page (optional)	•	_	1060.00
OSSISTAL OF HOOGIPES THIS Fage (Optional)		······································	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	AHIP PAC	;)	
A.	Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave N' South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Vice Pres	Zip Code 20004-2601 n sident; Medical Affairs e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Plans Receipt For: Primary General Other (specify)	State DC C Occupation Vice Pres	Zip Code 20004-2601 n sident; Medical Affairs e Year-to-Date ▼ 448.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address 601 Pennsylvania Ave N' South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C C C C C C C C C C C C C C C C C C	Zip Code 20004-2601 n ice President; Center for Hea e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		>	181.00
Т	OTAL This Period (last page this line number on	lv)	.	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	by information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (
A.	Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Senior Vi	Zip Code 20004-2601 n ice President; Center for Hea e Year-to-Date ▼ 2000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dan Leonard Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Executive	Zip Code 20004-2601 n e VP; Advocacy & Profession e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) Dan Leonard Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Executive	Zip Code 20004-2601 n e VP; Advocacy & Profession e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)		>	541.66
Т	OTAL This Period (last page this line number on	lv))	

SCHEDU	LE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/50
	O RECEIPTS		or each category of the	(check only one)
i=::::::::::::::::::::::::::::::::::			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information	on copied from such Reports and St	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or for commer	cial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\	COMMITTEE (In Full)			
Americas	Health Insurance Plans PAC	(AHIP PAC	(2)	_
Full Name Joe Lessen	(Last, First, Middle Initial)			Date of Receipt
Mailing Ad	dress 601 Pennsylvania Ave I South Bldg; Ste 500	NW		08 / 15 / 2006
City		State	Zip Code	Transaction ID: 20060818-30
<u>Washing</u>	ton	DC	20004-2601	Amount of Each Receipt this Period
	mber of contributing itical committee.	C		41.67
Name of E America's Plans	mployer Health Insurance	Occupation Director	n of Special Projects; Federal	
Receipt Fo	r:		e Year-to-Date ▼	1
Prim	,	1 1	916.68	
Othe	r (specify) ▼	0 0	910.00	
Full Name 3. Joe Lessen	(Last, First, Middle Initial)			Date of Receipt
Mailing Ad	dress 601 Pennsylvania Ave I South Bldg; Ste 500			08 / 31 / Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 20060827-29
<u>Washing</u>		DC	20004-2601	Amount of Each Receipt this Period
	mber of contributing tical committee.	С		41.67
Name of E America's Plans	mployer Health Insurance	Occupation Director	n of Special Projects; Federal	
Receipt Fo	r:	Aggregate	e Year-to-Date ▼	
Prim	,		916.68	
Otne	r (specify) ▼	0 0		
Robert Mer				Date of Receipt
Mailing Ad	dress 601 Pennsylvania Ave I South Bldg; Ste 500		71.0	08 / 15 / 2006
City	ła.a	State	Zip Code	Transaction ID: 20060818-34
Washing		DC	20004-2601	Amount of Each Receipt this Period
	mber of contributing tical committee.	С		10.42
Name of E	mployer Health Insurance	Occupation		
<u>Plans</u>			sident; Strategic Planning	_
Receipt Fo		Aggregate	e Year-to-Date ▼	
	ary General or (specify) or		791.68	
	(-p)/ ▼		0 0 0 0 0 0 0	
SUBTOTAL	of Receipts This Page (optional)			93.76
			•	
TOTAL This	Period (last page this line number of	only)	>	

S	CHEDULE A (FEC Form 3X)		Harris and a selection of the selection (s)	FOR LINE NUMBER: PAGE 19 / 50
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EWIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persolates of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (AHIP PAC	5)	
۹.	Full Name (Last, First, Middle Initial) Robert Menkes			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IW		08 / 31 / 2006
	City	State	Zip Code	Transaction ID: 20060827-33
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.42
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident; Strategic Planning	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		791.68	
3.	Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	08 / 15 / Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 20060818-36
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director Product Policy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		320.00	
	Other (specify) ▼	0 0	320.00	
Э.	Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	IW		08 / 31 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20060827-35
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer	Occupation		7
	America's Health Insurance Plans		e Director Product Policy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		320.00	
s	UBTOTAL of Receipts This Page (optional)			50.42
			•	
T	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 20 / 50	
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
• • • • • • • • • • • • • • • • • • • •	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
abla	NAME OF COMMITTEE (In Full)				
\rangle	Americas Health Insurance Plans PAC (AHIP PAC)		
Α.	Full Name (Last, First, Middle Initial) Martin Mitchell			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City State			08 15 2006	
			Zip Code	Transaction ID: 20060818-38	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.83	
	Name of Employer America's Health Insurance Plans	Occupation Regional	Director State Advocacy		
	Receipt For:		Year-to-Date ▼		
	Primary General		000.00	1	
	Other (specify) ▼	0 0	333.28		
В.	Full Name (Last, First, Middle Initial) Martin Mitchell			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500			08 31 YYYY 2006	
	City	State	Zip Code	Transaction ID: 20060827-37	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.83	
	Name of Employer America's Health Insurance	Occupation			
	Plans Pagaint For:		Director State Advocacy Year-to-Date ▼	_	
	Receipt For: Primary General	Aygregate	rear-to-date V	1	
	Other (specify) ▼		333.28		
<u>с.</u>	Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	W		08 15 2006	
	City	State	Zip Code	Transaction ID: 20060818-39	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		41.67	
	Name of Employer America's Health Insurance Plans	Occupation State Adv	n vocacy Regional Director		
	Receipt For: Primary General Aggregat		Year-to-Date ▼		
			666.72	1	
	Other (specify)	0 0	000.72	1	
s	UBTOTAL of Receipts This Page (optional)			83.33	
Т	OTAL This Period (last page this line number or	nly)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21/50
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δr	y information copied from such Reports and State	mente may	y not he sold or used by any nerso	
or	for commercial purposes, other than using the nan	ne and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (A	HIP PAC)	
۹.	Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500	V		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20060827-38
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	America's Health Insurance	Occupation		
	1 10110		vocacy Regional Director Year-to-Date ▼	_
	Primary General	Aggregate	Total to Date 🔻	
	Other (specify) ▼	0 0	666.72	
3.	Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500	V		0 8
	City	State	Zip Code	Transaction ID: 20060818-40
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		104.16
	Name of Employer America's Health Insurance	Occupation	1	7
	Plans		sident Strategic Communicat	<u>id</u> n
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1666.56	
).	Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW	V		M " M / D " D / Y " Y " Y " Y
	South Bldg; Ste 500			08 31 2006
	City	State	Zip Code	Transaction ID: 20060827-39
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.16
	America's Health Incurence	Occupation		
	Plans		sident Strategic Communicat	i <mark>o</mark> n
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		1666.56	
s	UBTOTAL of Receipts This Page (optional)		b	249.99
_				
Т	OTAL This Period (last page this line number only	<i>(</i>)	•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 50 (check only one) X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	AHIP PAC	;)	
Α.	Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Ave NV South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans	State DC C Occupation Vice Pres	sident; State Advocacy	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1333.28	
3.	Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Ave Ni South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Other (specify)	State DC C Occupation Vice Pres	Zip Code 20004-2601 n sident; State Advocacy Year-to-Date ▼ 1333.28	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- .	Full Name (Last, First, Middle Initial) Sue A Rohan Mailing Address 601 Penn Ave; NW Suite 500 South Building City Washington FEC ID number of contributing federal political committee. Name of Employer AHIP Receipt For: Primary General Other (specify)	State DC C C Occupation Vice Pres Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		>	249.99
т	OTAL This Period (last page this line number onl	v))	

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 23 / 50
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ΙT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ry information copied from such Reports and Sta	atamante may	y not he sold or used by any ners	
or	for commercial purposes, other than using the n	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Americas Health Insurance Plans PAC	AHID DAC	•)	
	Americas rieatti msurance i ians i Ao	(//////////////////////////////////////	')	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Patricia P Smith			Date of Receipt
	Mailing Address 601 Penn Ave; NW			M M / D D / Y Y Y Y
	Suite 500 South Building			08 15 2006
	City	State	Zip Code	Transaction ID: 20060818-47
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		83.33
	Name of Employer AHIP	Occupation		
		Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		333.32	1
	Other (specify)		333.32	
_				
_	Full Name (Last, First, Middle Initial)			
В.	Patricia P Smith			Date of Receipt
	Mailing Address 601 Penn Ave; NW	08 31 2006		
	Suite 500 South Building			
	City	State	Zip Code	Transaction ID: 20060827-46
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing	С		83.33
	federal political committee.	0		
	Name of Employer AHIP	Occupation	า	┪
	AHIP	Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	33 -3		7
	Other (specify) ▼		333.32	
				·
_	Full Name (Last, First, Middle Initial)			
C.	Charles Stellar			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW			M M / D D / Y Y Y Y
	South Bldg; Ste 500			08 15 2006
	City	State	Zip Code	Transaction ID: 20060818-48
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			86,96
	federal political committee.	C		80.90
	Name of Employer	Occupation	2	\dashv
	Name of Employer America's Health Insurance	Occupation	vice President	
	Plans Receipt For:		e Year-to-Date ▼	\dashv
			FIEAI-IU-DAIE ▼	-
	Primary General Other (specify) ▼		1304.40	
	Strict (specify) \		0 0 0 0 0 0 0	1
_	UDTOTAL «CD» 11 TH D			253.62
L ^s	UBTOTAL of Receipts This Page (optional)			
1				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC	;)	
۹.	Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	W		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20060827-47
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		86.96
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n e Vice President e Year-to-Date ▼ 1304.40	
3.	Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	W		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20060818-49
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		204.35
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n ice President Federal Legisla e Year-to-Date ▼ 3269.60	<u>t</u>
- C.	Full Name (Last, First, Middle Initial) Scott Styles			Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500				0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20060827-48
	FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 204.35
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n ice President Federal Legisla e Year-to-Date ▼ 3269.60	t
s	UBTOTAL of Receipts This Page (optional)			495.66
т.	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 50
	EMIZED RECEIPTS		or each category of the	(check only one)
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or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	Americas Health Insurance Plans PAC	(AHIP PAC	()	
A.	Full Name (Last, First, Middle Initial) Jonathan Tilton			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	١W		08 / 15 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20060818-51
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance	Occupation	n	
	America's Health Insurance Plans	Deputy D	Director; Strategic Communic	ea <mark>l</mark> i
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	333.28	1
	Other (specify)		000.20	
_	Full Name (Last, First, Middle Initial)			
В.	Jonathan Tilton			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg; Ste 500	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 20060827-50
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			20.83
	federal political committee.	0		
	Name of Employer America's Health Insurance	Occupation		
	Plans	· · ·	Director; Strategic Communic	<u>cat</u> i
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	333.28	
	Guidi (cpoolij) 🔻	0 0		1
C.	Full Name (Last, First, Middle Initial) Amy B Timmons			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	M M / D D / Y Y Y Y		
	Suite 500			08 15 2006
	City	State	Zip Code	Transaction ID: 20060818-52
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer AHIP	\neg		
	Receipt For:			
	Primary General	' '	625.05	
	Other (specify)		020.00	1
Г				
s	UBTOTAL of Receipts This Page (optional)			83.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schodule(s) or cach category of the category of the category of the category of the Detailed Summary Page 1 to 1	C				FOR LINE NUMBER: PAGE 26 / 50			
TEMIZED RECEIPTS Or each category of the potential process, or the potential summary Page	51	CHEDULE A (FEC FORM 3X)	Use separate schedule(s)					
Any information copied from such Reports and Statements may not be seld or used by any person for the purpose of selding committions or for commercial purposes, other than using the name and address of any pollical committion to solicit committions from such committions or for commercial purposes, other than using the name and address of any pollical committion to solicit committions. NAME OF COMMITTEE (In Full)	IT	EMIZED RECEIPTS						
Apy information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commental purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full)				Detailed Summary Page				
of or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) A. Amy B Timmons Mailing Address 601 Pennsylvania Ave NW Sulte 500 City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer AHIP Receipt For: Perimany General Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Primary General Other (specify) ▼ Date of Receipt Mailing Address 601 Pennsylvania Ave NW South Bidg; Ste 500 City State Zip Code Washington DC 20004-2801 FEC ID number of contributing federal political committee. C Senior Vice President of Strategic Com Receipt Mailing Address 601 Pennsylvania Ave NW South Bidg; Ste 500 City State Zip Code Primary General Other (specify) ▼ Date of Receipt Name (Last, First, Middle Initial) C Michael Tuffin Mailing Address 601 Pennsylvania Ave NW South Bidg; Ste 500 City State Zip Code Washington DC 20004-2801 FEC ID number of contributing federal political committee. C Senior Vice President of Strategic Com Receipt Name of Employer Americas Health Insurance Plans Senior Vice President of Strategic Com Receipt Name of Employer Name of Employe								
Americas Health Insurance Plans PAC (AHIP PAC) Amount of Receipt Musling Address Sci Pennsylvania Ave NW South Bidg: Ste 500 City State Zip Code Transaction ID: 20060827-51 Amount of Each Receipt this Period Period Primary General Other (specify) ▼ Date of Receipt Portangular Primary General Primar	Ar or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) A. Amy 8 Timmons Mailing Address 601 Pennsylvania Ave NW Suite 500 City	\setminus	NAME OF COMMITTEE (In Full)						
A. Amy 8 Timmons Mailing Address 601 Pennsylvania Ave NW Suite 500 City	\rangle	Americas Health Insurance Plans PAC (AHIP PAC	5)				
Suite 500 City Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer AHIP Receipt For: Primary General Other (specify) ▼ State Zip Code Mashington Regional Director Regional Peace of Receipt In Period Transaction ID: 20060815-4 Amount of Each Receipt Inis Period Transaction ID: 20060827-53 Amount of Each Receipt Inis Period Transaction ID: 20060827-53 Amount of Each Receipt Inis Period DC 20004-2601 FEC ID number of contributing Region Re	Α.				Date of Receipt			
Washington DC 20004 Amount of Each Receipt this Period		00.10,	W					
PEC ID number of contributing federal political committee. C		City	State	Zip Code	Transaction ID: 20060827-51			
Receipt For:		Washington	DC	20004	Amount of Each Receipt this Period			
Receipt For: Primary General Aggregate Year-to-Date ▼			C		41.67			
Receipt For:		Name of Employer AHIP						
Primary General Other (specify) ▼ 625.05 State Code City City Code City Code City Code City City		Receipt For:						
B. Michael Tutlin Mailing Address 601 Pennsylvania Ave NW South Bidg; Ste 500 City Washington FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) DC 20004-2601 FEC ID number of contributing federal political committee. C. State Zip Code DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) C. Michael Tutlin Mailing Address 601 Pennsylvania Ave NW South Bidg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer Amount of Each Receipt Date of Receipt Date of Receipt Date of Receipt Name of Receipt Name of Employer Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Amount of Each Receipt this Period Pians Senior Vice President of Strategic Com Aggregate Year-to-Date ▼ Occupation Aggregate Year-to-Date ▼			33 3		1			
B. Michael Tuffin Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans PC IIN Name of Contributing General Other (specify) ▼ South Bldg; Ste 500 City State Zip Code Primary General Other (specify) ▼ South Bldg; Ste 500 Date of Receipt M M M D D D TATABACTION ID: 20060818-54 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Date of Receipt M M M D D D D D D D D D D D D D D D D		Other (specify) ▼		625.05				
B. Michael Tuffin Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans PC IIN Name of Contributing General Other (specify) ▼ South Bldg; Ste 500 City State Zip Code Primary General Other (specify) ▼ South Bldg; Ste 500 Date of Receipt M M M D D D TATABACTION ID: 20060818-54 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Date of Receipt M M M D D D D D D D D D D D D D D D D					'			
South Bldg; Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: South Bldg; Ste 500 City State Zip Code Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. C Michael Tuffin DC 20004-2601 FEC ID number of contributing federal political committee. C Mashington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Senior Vice President of Strategic Committee. Name of Employer America's Health Insurance Plans Receipt For: Senior Vice President of Strategic Committee. Name of Employer America's Health Insurance Plans Receipt For: Senior Vice President of Strategic Committee. Occupation Senior Vice President of Strategic Committee.	В.				Date of Receipt			
South Bldg; Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: South Bldg; Ste 500 City State Zip Code Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. C Michael Tuffin DC 20004-2601 FEC ID number of contributing federal political committee. C Mashington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Senior Vice President of Strategic Committee. Name of Employer America's Health Insurance Plans Receipt For: Senior Vice President of Strategic Committee. Name of Employer America's Health Insurance Plans Receipt For: Senior Vice President of Strategic Committee. Occupation Senior Vice President of Strategic Committee.			W		M M / D D / Y Y Y Y			
Washington DC 2004-2601 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ State Zip Code Washington Date of Receipt Michael Tuffin Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Suth Bidg; Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Cocupation Senior Vice President of Strategic Com Aggregate Year-to-Date ▼ Sound Strategic Com Aggregate Year-to-Date ▼					08 15 2006			
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Senior Vice President of Strategic Com Senior Vice President of Strategic Com Aggregate Year-to-Date ▼ Sou.00		City	State	Zip Code	Transaction ID: 20060818-54			
Name of Employer America's Health Insurance Plans Receipt For: Occupation Senior Vice President of Strategic Com Aggregate Year-to-Date ▼ Other (specify) ▼		Washington	DC	20004-2601	Amount of Each Receipt this Period			
Name of Employer America's Health Insurance Plans Receipt For: Occupation Senior Vice President of Strategic Com Aggregate Year-to-Date ▼ Other (specify) ▼		FEC ID number of contributing			105.00			
America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ C. Michael Tuffin Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Date of Receipt M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y			C		125.00			
Plans Receipt For:		Name of Employer						
Primary General Other (specify) ▼ Solution Soluti		Plans			<u>m</u>			
Other (specify) ▼ South Bldg; Ste 500			Aggregate	e Year-to-Date ▼				
C. Michael Tuffin Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 0 3 1 2 0 0 6 Transaction ID: 20060827-53 Amount of Each Receipt this Period 125.00 Cupation Senior Vice President of Strategic Com Aggregate Year-to-Date ▼ 125.00				500.00				
C. Michael Tuffin Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 8 3 1 2 0 0 6 Transaction ID: 20060827-53 Amount of Each Receipt this Period 125.00 Aggregate Year-to-Date ▼ 500.00		U Other (specify) ▼		300.00				
C. Michael Tuffin Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 8 3 1 2 0 0 6 Transaction ID: 20060827-53 Amount of Each Receipt this Period 125.00 Aggregate Year-to-Date ▼ 500.00								
South Bldg; Ste 500 City State Zip Code DC 20004-2601 Transaction ID: 20060827-53 Amount of Each Receipt this Period Primary Primary General Other (specify) Oth	C.	,			Date of Receipt			
Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 125.00 Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 201.67 Page 187 Page 2004-2601 Amount of Each Receipt this Period 125.00 Aggregate Strategic Com Aggregate Year-to-Date ▼ 500.00 Page 2004-2601 Amount of Each Receipt this Period 125.00 125.00 Page 2004-2601 Amount of Each Receipt this Period 125.00 125.00 Page 2004-2601 Amount of Each Receipt this Period 125.00 125.00 Page 2004-2601 Amount of Each Receipt this Period 125.00 125.00 Page 2004-2601 Amount of Each Receipt this Period 125.00 125.00 Page 2004-2601 Amount of Each Receipt this Period 125.00 125.00 Page 2004-2601 Amount of Each Receipt this Period 125.00 125.00 Page 2004-2601 Amount of Each Receipt this Period 125.00 125.00 Page 2004-2601 Amount of Each Receipt this Period 125.00 Page 2004-2601 Page 2004-2601 Amount of Each Receipt this Period 125.00 Page 2004-2601 Page 2004-260		o o i i o i i o j i va i i a j i vo i i	W					
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ 125.00 125.00 125.00 Accupation Senior Vice President of Strategic Com Aggregate Year-to-Date ▼ 500.00		City	State	Zip Code	Transaction ID: 20060827-53			
Receipt For: Primary General Other (specify) ▼ Occupation Senior Vice President of Strategic Com Aggregate Year-to-Date ▼ Solution Senior Vice President of Strategic Com Aggregate Year-to-Date ▼ Solution Senior Vice President of Strategic Com Aggregate Year-to-Date ▼ Solution Senior Vice President of Strategic Com Aggregate Year-to-Date ▼		Washington	DC	20004-2601	Amount of Each Receipt this Period			
America's Hèalfh Insurance Plans Receipt For: Primary General Other (specify) ▼ Senior Vice President of Strategic Com Aggregate Year-to-Date ▼ 500.00			C		125.00			
America's Hèalfh Insurance Plans Receipt For: Primary General Other (specify) ▼ Senior Vice President of Strategic Com Aggregate Year-to-Date ▼ 500.00		Name of Employer	Occupation	 1	┪			
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		America's Health Insurance			m			
Primary General Other (specify) ▼ 500.00				_	1			
Other (specify) ▼ 500.00			55. 554.0	10 = 0110	1			
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27/50
	EMIZED RECEIPTS		or each category of the	(check only one)
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Ar	ry information copied from such Reports and Staten	nents mav	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nam	e and add	ress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	Americas Health Insurance Plans PAC (Al	HIP PAC)	_
۹.	Full Name (Last, First, Middle Initial) Rod Turner			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500	!		08 / 15 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20060818-55
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	America's Health Insurance	Occupation	ident; Product Policy	
	1 10/10		Year-to-Date ▼	
	Primary General	1	1000.00	
	Other (specify) ▼	0 0	1333.28	
3.	Full Name (Last, First, Middle Initial) Rod Turner			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500	1		08 / 31 / 2006
	City	State	Zip Code	Transaction ID: 20060827-54
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	America's Health Incurance	Occupation		7
	Plans		ident; Product Policy	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1333.28	
	Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
	Mailing Address 107 Chocolay Downs Golf	Dr		M M / D D / Y Y Y Y
				08 15 2006
	City	State	Zip Code	Transaction ID: 20060818-56
	Marquette	MI	49855-9542	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
	Name of Employer America's Health Insurance	Occupation	1	7
	Plans		irector; Federal Legislative A	<u>\</u>
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1	720.00	
	Cities (specify)	0 0	0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			211.66
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т	OTAL This Period (last nage this line number only)	١	•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may not be sold or used by any name and address of any political committ	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC)	
Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 107 Chocolay Downs G City Marquette FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	olf Dr State Zip Code MI 49855-9542 C Occupation Deputy Director; Federal Legislat Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania Ave Nouth Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Director; Federal Affairs Aggregate Year-to-Date 333.28	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania Ave Nouth Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Director; Federal Affairs Aggregate Year-to-Date	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		86.66

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	HIP PAC	;)	
A. B.	HealthPartners: Inc		Zip Code 55439 n hief Marketing Officer e Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Mailing Address 601 Pennsylvania Ave NV South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer	State DC C Occupation Vice Pres	Zip Code 20004-2601 n sident; Private Market Regula year-to-Date ▼	M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) Tom Wilder Mailing Address 601 Pennsylvania Ave NV South Bldg; Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Vice Pres	Zip Code 20004-2601 n sident; Private Market Regula y Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		·····	1083.34
т	OTAL This Period (last page this line number only	v)	.	

SCH	EDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 50
	/IIZED RECEIPTS		or each category of the	(check only one)
1\			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any in	formation copied from such Reports and State	ements may	y not be sold or used by any perso	
or for	commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
NA	ME OF COMMITTEE (In Full)			
An	nericas Health Insurance Plans PAC (A	HIP PAC	5)	
	Name (Last, First, Middle Initial)			Date of Receipt
_	iling Address 601 Pennsylvania Ave N	V		M M / D D / Y Y Y Y
Cit	South Bldg; Ste 500	State	Zip Code	08 15 2006
	y ashington	DC	20004-2601	Transaction ID: 20060818-61 Amount of Each Receipt this Period
FE	C ID number of contributing eral political committee.	C	2007 2007	41.67
Na Am Pla	me of Employer nerica's Health Insurance	Occupation State Adv	n vocacy Regional Director	
_	ceipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼	0 0	666.72	
_	I Name (Last, First, Middle Initial) seph Winn			Date of Receipt
	iling Address 601 Pennsylvania Ave NV South Bldg; Ste 500			08 / 31 / Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 20060827-60
`	ashington	DC	20004-2601	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		41.67
Na Am Pla	me of Employer nerica's Health Insurance	Occupation State Adv	n vocacy Regional Director	
	ceipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼		666.72	
	I Name (Last, First, Middle Initial) ane Wright			Date of Receipt
	iling Address 601 Pennsylvania Ave NV South Bldg; Ste 500	V		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	•	State	Zip Code	Transaction ID: 20060818-62
	ashington	DC	20004-2601	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		62.50
Na An	me of Employer nerica's Health Insurance	Occupation		
<u>Pla</u>	ceipt For:		Legislative Affairs Year-to-Date ▼	-
ne	Primary General	Aggregate		
	Other (specify) ▼		750.04	
SUBT	FOTAL of Receipts This Page (optional)			145.84
		,	_	
TOTA	AL This Period (last page this line number only	y)		

A. Duane Wright

City

Plans Receipt For:

Mailing Address

Washington

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Name of Employer America's Health Insurance

Other (specify)

FEC ID number of contributing

federal political committee.

Other (specify)

Name of Employer HealthPartners; Inc.

Receipt For: Primary

Full Name (Last, First, Middle Initial)

Primary

B. Donna Zimmerman

City

Mailing Address

Bloomington

601 Pennsylvania Ave NW

C

C

Occupation

Aggregate Year-to-Date ▼

South Bldg; Ste 500

General

8100 34th Ave S

General

PO Box 1309; MS 2111OG

PAGE 31/50 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Americas Health Insurance Plans PAC (AHIP PAC) Date of Receipt 08 3 1 2006 State Zip Code Transaction ID: 20060827-61 DC 20004-2601 Amount of Each Receipt this Period 62.50 Occupation Director; Legislative Affairs Aggregate Year-to-Date ▼ 750.04 Date of Receipt 8 0 01 2006 Zip Code State Transaction ID: 8949640608016305290 MN 55425-1672 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	•	562.50
TOTAL This Period (last page this line number only)	•	10524.40

Vice President; Government & Community

500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 50 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC)	
Full Name (Last, First, Middle Initial) Genworth Financial Inc Political Action Committee Mailing Address 6620 West Broad Stree	·	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Richmond FEC ID number of contributing federal political committee.	State Zip Code VA 23230 C C00404194	Transaction ID: 6850760608016512782 Amount of Each Receipt this Period 2500.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	•	2500.00

SCHEDULE B (FEC Form 3X)

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SCHEDULE B (FEC Form 3X)

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Э.	Friends of Sam Jo	hnson							e of D	Disburs				_		
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SCHEDULE B (FEC Form 3X)

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IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	_	(check on 21b 27	ly one) 22 28a	X 23 28b	24 28c	\vdash	25 29	26 30b	
	ny Information copied from such Reports and S for commercial purposes, other than using the										5	
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC)	,,									
۹.	Full Name (Last, First, Middle Initial) People with Hart Inc					Transaction ID: 1732870607316234870 Date of Disbursement						
	Mailing Address PO Box 435					0 8	/ D	0 1	ž	0 ŏ 6	Y	
	City Wexford	State PA	Zip Code 15090			Amou	nt of Eac	n Disburse	-			
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	Candidate Name Hart Melissa				egory/ ype							
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3.	Full Name (Last, First, Middle Initial) Regula for Congress Committee					Transaction ID: 8368140607316212710 Date of Disbursement						
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C.	Full Name (Last, First, Middle Initial) Ryan for Congress						action ID	: 692196 sement	30607	3162	226270	
	Mailing Address PO Box 1919						M / D	0 1 /	ž	0 ŏ 6	Y	
	City Janesville	State WI	Zip Code 53547			Amou	nt of Eac	n Disburse	ment	this F	Period	
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	y Information copied from such Reprior commercial purposes, other than															S	
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۹.	Full Name (Last, First, Middle Initia Volunteers for Shimkus)							Date o		isburse	eme	26780 ent		73162 0 ŏ 6		682
	Mailing Address PO Box 545 City		State	Zip Code					8 0			1	bursen				
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\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	AC (AHIP PAC)	•					
۹.	Full Name (Last, First, Middle Initial) Behn for Senate					ion ID: 13411 Disbursement	40608184	896431
	Mailing Address 1313 Quill Ave				0 8 M	21	žoó	6 ^Y
	City Boone	State IA	Zip Code 50036		Amount o	of Each Disburs		
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3.	Full Name (Last, First, Middle Initial) BILL DUNN FOR HOUSE					ion ID: 69409	70608105	946776
	Mailing Address 5309 LAVESTA R	OAD			08 8	14	Ž O Ŏ Œ	6 ^Y
	City KNOXVILLE	State TN	Zip Code 37918		Amount o	of Each Disburs		
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) .	Full Name (Last, First, Middle Initial) BILL KETRON FOR SENATE					ion ID: 39361	80608105	832320
	Mailing Address 12 Jefferson Squa				08	14	y žoў	6 Y
	805 South Church City Murfreesboro	State TN	Zip Code 37130		Amount	of Each Disburs	sement this	Period
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NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A				
Full Name (Last, First, Middle Initial) A. Bob Damron for House of Representative	s		Date of Disbur	
Mailing Address 231 Fairway West			08 / 0	21 2006
City Nicholasville	State Zip Code KY 40356		Amount of Eac	ch Disbursement this Period
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Full Name (Last, First, Middle Initial) BOB MCKEE FOR HOUSE			Transaction II Date of Disbur	D: 2356380608105980144 sement
Mailing Address 536 BREWER STREET			08 / 0	14 4 2006
City Athens	State Zip Code TN 37303		Amount of Eac	ch Disbursement this Period
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Full Name (Last, First, Middle Initial) CHARLES CURTISS FOR HOUSE			Transaction II Date of Disbur	D: 9130350608105940894
Mailing Address 120 GENERAL JONES	ROAD		0 8 D	14 / 2006
City Sparta	State Zip Code TN 38583		Amount of Eac	ch Disbursement this Period
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CITIZENS FOR GEOFFREY C. SMITH						Disburse					
Mailing Address 865 MACON ALLEY				O ^M	8 ^M	[/] 2	1 /	ž Ž	0 Ď 6	Y	
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/	Americas Health Insurance Plans PAC (A	HIP PAC)										
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	Mailing Address 869 South 5th Street					08	[/] 2	21	Ý Ž	0 Ď 6	Y	
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or for commercial purposes, other than us													3	
NAME OF COMMITTEE (In Full)														
Americas Health Insurance Plar	ns PAC (AF	HP PAC)												
Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	554827	7060	82449	9498	336
Committee to Elect Danny Morg	gan 2006						Date o	of Di			Y Y	Y	Υ	
Mailing Address NBU 4706							0 8		^D 2	4	2	0 Ď 6		
City Prague		State OK	Zip Code 74864				Amou	nt of	Each	Disburs	emen	t this F	erio	d
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Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	198912	2060	81849	941:	 273
3. Committee to Elect David Swint	ord						Date o		sburse	ement	V V	V	V	
Mailing Address 519 Bradley L	ane						0 ^M 8		2	D /	2	0 0 6		
City Dumas		State TX	Zip Code 79029				Amou	nt of	Each	Disburs	emen	t this F	Perio	d
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Senate		Primary	General											
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Full Name (Last, First, Middle Initial)									ID	001070		0104	2404	
Committee to Elect Glenn Hega	ır						Date o	of Di	sburse					223
Mailing Address Post Office Bo	ox 1008;						0 8	M /	^D 2	1 /	ž	0 Ď 6	Y	
City Katy		State TX	Zip Code 77492				Amou	nt of	Each	Disburs	emen	t this F	Perio	d
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NAME OF COMMITTEE (In Full)											
Americas Health Insurance Plans PAC	AHIP PAC)										
Full Name (Last, First, Middle Initial)				Trai	nsact	ion ID:	138090	060	31849	423	28
Committee to Elect Kirk England				Date		Disburse		Y Y	Y	Υ	
Mailing Address 3630 Green Hollow Dr	ive			0 8	3 "	[/] 2	1	2	0 0 6		
City	State Zip Code TX 75052			Amo	ount o	of Each	Disburse	ement	this P	erioc	t
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Full Name (Last, First, Middle Initial)				Trai	near	ion ID:	097960	າດຄດ	21050	577	 16
3. CRAIG FITZHUGH FOR HOUSE				Date	e of D	Disburse	ement	V V	V	V	10
Mailing Address 135 S. ALPINE STRE	ΞΤ			0 8	3	1	^D 4	2	0 0 6		
City Ripley	State Zip Code TN 38063			Amo	ount o	of Each	Disburse	ement	this P	erioc	i
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Mailing Address 1107 Holly Avenue				O _M S	3 ^M	[/] 2	1 /	Ž	0 Ď 6	Y	
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Fairdale Purpose of Disbursement	KY 40118			-	•				250.0	0	٦
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NAME	OF COMMITTEE (In Full)											
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Full Nar	me (Last, First, Middle Initial)				Tra	nsac	tion ID:	888153	3060	81849	9196	90
A. David	L. Williams for State Senate				Da		Disburse		v v	V .	V	
Mailing	Address P.O. Box 666				O O	8	[/] 2	1	2	0 Ó 6		
City Burkes	wille	State Zip Code KY 42717			Am	ount	of Each	Disburse	emen	t this F	Perio	d
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B. DON N	MCLEARY FOR SENATE				Da	te of [Disburse	ement	V V	, V	V	,,,
Mailing	Address 125 Ed Smith Rd				O	8	1	^D /	2	0 0 6		
City Humbo	olt	State Zip Code TN 38343			Am	ount	of Each	Disburse	emen	t this F	Perio	t
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_	me (Last, First, Middle Initial) ILAS HENRY FOR SENATE						tion ID: Disburse	581136 ement	3060	81058	3213	380
Mailing	Address 408 Wilsonia Avenue				0	8 ^M	/ D1	^D 4	Ý Ž	0 0 6	Y	
City		State Zip Code			Am	ount	of Each	Disburse	emen	t this F	Perio	
Nashv		TN 37205			- Г			•		250.0	00	
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$\overline{\ }$	NAME OF COMMITTEE (In Full)												
/	Americas Health Insurance Plans PAC (A	HIP PAC)											
	Full Name (Last, First, Middle Initial)					Trans	actio	on ID:	324110	060	81849	9389	912
١.	Friends for Sutton					Date o	of Dis			v • v	V .	V	
	Mailing Address Box 106					0 8		^D 2	1 ′	2	0 Ó 6		
	City	State Zip Code				Amoui	nt of	Each	Disburse	emen	t this F	erio	b
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_	Full Name (Last, First, Middle Initial)					Trans	actic	on ID:	718018	3060	82449	9489	956
3.	Friends of Glenn Coffee 2006					Date o						1/	
	Mailing Address 7308 N Norman Rd					0 ^M 8	И /	^D 2	^D 4	ž	0 Ó 6	Y	
	City Oklahoma City	State Zip Code OK 73132				Amoui	nt of	Each	Disburse	emen	t this F	erio	b
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	State: District:												
Э.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM RAUSSEN					Transa Date o			345945 ment	060	81849	9350)68
	Mailing Address 661 PARK AVENUE					08	М /	^D 2	1 /	ž	0 Ď 6	Y	
	City CINCINNATI	State Zip Code OH 45246				Amoui	nt of	Each	Disburse	emen			d
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NAME OF COMMITTEE (In Full)											
Americas Health Insurance Plans PAC (Al	HIP PAC)										
Full Name (Last, First, Middle Initial)				Т	ransa	tion ID	: 20329	1060	82449	9558	353
Friends of Ron Peterson (2006)					Date of	Disburs		v • v	· V	V	
Mailing Address PO Box 1615					0 8 0	2	24	2	0 Ó 6		
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Broken Arrow Purpose of Disbursement	OK 74013			- [1	000.0	00	П
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3. Jim Gooch Jr. State Representative Camp	aign				Date of	Disburs	ement	V * V	, V	V	,50
Mailing Address 714 North Boradway B-2				L	0 8 0	2	21 /	2	0 0 6		
City Providence	State Zip Code KY 42450			A	Amount	of Each	Disburs	emen	t this P	erio	t
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Full Name (Last, First, Middle Initial) Jody Richards for State Representative						ction ID Disburs	: 365204 ement	1060	81849	9220)23
Mailing Address 817 Culpeper St					0 8 0	/ D2	21 /	Ý Ž	0 0 6	Y	
City Bowling Green	State Zip Code KY 42103			Δ	Amount	of Each	Disburs	emen	t this P	erio	t
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Americas Health Insurance Plans PAC (Al	IIP PAC)										
Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	301540	00608	31849	183	34
Julie Denton for State Senate				Da:		Disburse		v v	V .	V	
Mailing Address 1708 Golden Leaf Way				Ő	8 "	2	. 1 /	2	0 0 6		
City	State Zip Code KY 40245			Am	ount	of Each	Disburse	ement	this P	erioc	t
Louisville Purpose of Disbursement	K1 40245			+ [250.0	0	
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3. Kris Steele Kris Steele For State Represen	tative 2006			Da	te of [Disburse	ement	V . V	, V ,	V	00
Mailing Address 4207 Blaine Rd				0	8	2	24 /	2	0 0 6		
City Shawnee	State Zip Code OK 74804			Am	ount	of Each	Disburse	ement	this P	erioc	i
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President State: District:	Other (specify)										
Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	339539	20608	R2440	1480	144
Mike Morgan Senate Fund				Da	te of [Disburs	ement				
Mailing Address 1008 Woodcrest				l o ^N	8 ^M	[′] 2	4 /	ž	0 Ď 6	Y	
City Stillwater	State Zip Code OK 74074			Am	ount	of Each	Disburse	ement	this P	erioc	t
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	NAME OF COMMITTEE (In Full)													
/	Americas Health Insurance Plans PAC (A	HIP PAC)												
	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	374612	2060	81848	3989	975
۸.	Oldson for State Representative						Date of Disbursement							
	Mailing Address 418 38th Place						0 8	•	2	1 /	2	0 Ď 6		
	City Des Moines	State Zip Code IA 50312					Amou	nt o	f Each	Disburs	emen	t this F	erio	d
	Purpose of Disbursement	IA 50312				-						500.0	00	
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	State: District:	Other (specify)												
	Full Name (Last, First, Middle Initial)						Trane	acti	on ID:	603298	รกรก	818A	322	703
3.	Rocky Adkins for State Representative						Date o		sburse	ement	V * V	V	V	7 30
	Mailing Address PO Box 688						088 / 21 / 2006							
	City Sandy Hook	State Zip Code KY 41171					Amou	nt o	f Each	Disburs	emen		-	d
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	Senate President	Primary Gene Other (specify) ▼	erai											
	State: District:	Care (epocary)												
D.	Full Name (Last, First, Middle Initial) Royal 'Mac' McCraken								on ID:	083605	5060	81849	938	170
	Mailing Address 2100 Elipt Drive					+	0 ^M 8	M .	0 2	D /	Y Y	0 Ď 6	Υ	
	Mailing Address 3120 Flint Drive													
	City Rapid City	State Zip Code SD 57703					Amou	nt o	f Each	Disburs	emen		-	d
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/	Americas Health Insurance Plans PAC (Al	HIP PAC)												
	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	074660	0060	81058	353	330
٩.	Speaker Jimmy Naifeh							of D	isburse		v v	· · · ·	V	
	Mailing Address P.O. Box 97						0 8		1	^D 4	2	0 Ď 6		
	City	State Zip Code TN 38019					Amou	nt o	f Each	Disburs	emen	t this F	erio	d
	Covington Purpose of Disbursement	1N 38019				-						750.0	00	
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_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	424747	7060	81058	345	580
3 .	· STEVE SOUTHERLAND FOR SENATE						Date of Disbursement							
	Mailing Address 322 West Hillcrest Drive						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
	City Morristown	State Zip Code TN 37813					Amou	nt o	f Each	Disburs	emen	t this F	Perio	d
	Purpose of Disbursement Nonfederal Contribution						L.	-				250.0	00	
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	Office Sought: House Disburse Senate	ement For: Primary Gene	ral											
	President State: District:	Other (specify)												
	Full Name (Last, First, Middle Initial)					+	Trans	acti	on ID:	34451	5060	8105	762	230
Э.	TIM BURCHETT FOR SENATE						Date of	of D	isburse	ement				
	Mailing Address 8220 BENNINGTON DR	IVE					0 ^M 8	М	1	4 /	ž	0 ŏ 6	Y	
	City KNOXVILLE	State Zip Code TN 37909					Amou	nt o	f Each	Disburs	emen	t this F	Perio	d
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_	NAME OF COMMITTEE (In Full)							
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC)						
	Full Name (Last, First, Middle Initial)			Transaction ID: 6744880608184917584				
۹.	Tom Buford for State Senate			Date of Disbursement				
	Mailing Address 409 West Maple Stre	08 7 21 7 2006						
	City	State Zip Code		Amount of Each Disbursement this Period				
	Nicholasville	KY 40356		250.00				
	Purpose of Disbursement Nonfederal Contribution			250.00				
	Candidate Name		Category/ Type					
	Senate President	oursement For: Primary General Other (specify) ▼						
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3.	Full Name (Last, First, Middle Initial) Warnstadt for Senate Committee			Transaction ID: 9275880608184895844 Date of Disbursement				
	Mailing Address 3301 Chambers St.			$\begin{bmatrix} 0 & 8 & M & M & M & M & M & M & M & M & M$				
	City Sioux City	State Zip Code IA 51104		Amount of Each Disbursement this Period				
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